
EXTENDED DAY REGISTRATION FORM

Please circle:

Morning Care:	Daily Rate	Annual Rate - 1 payment or 10 Payments
After School Care:	Daily Rate	Annual Rate - 1 payment or 10 Payments

Child's Name: _____ Grade: _____

Child's Name: _____ Grade: _____

Child's Name: _____ Grade: _____

Address: _____ City: _____ Zip: _____

Father's Name: _____ Cell Phone: _____

Place of Employment: _____ Work Phone: _____

Mother's Name: _____ Cell Phone: _____

Place of Employment: _____ Work Phone: _____

Approved Pick-Up: _____ Cell Phone: _____

_____ Cell Phone: _____

_____ Cell Phone: _____

Parent's Name Printed: _____

Parent's Signature: _____ Date: _____